

## **STEP-BY-STEP GUIDE ON COSMETIC PRODUCT NOTIFICATION**

### **Table of Contents**

<b>Introduction</b>	<b>2</b>
<b>How can my company apply for a cosmetic product notification?</b>	<b>2</b>
<b>Other functions in PRISM</b>	<b>13</b>
- <b>Track@PRISM</b>	<b>13</b>
- <b>Cancel@PRISM</b>	<b>15</b>
- <b>Renew@PRISM</b>	<b>16</b>
- <b>Update of Manufacturer's Details</b>	<b>18</b>
<b>Helpdesk Contact</b>	<b>18</b>
<b>Annex 1</b>	<b>19</b>

## Introduction

Companies responsible for placing the cosmetic products in Singapore must notify the Health Sciences Authority (HSA) and receive an acknowledgement of notification before placing the products in the local market. The product notification is submitted via HSA online system PRISM (Pharmaceutical Regulatory Information System).

In order to access PRISM, please apply for CRIS (Client Registration and Identification Service) Company Account via the following website:

[http://www.hsa.gov.sg/content/hsa/en/Health\\_Products\\_Regulation/CRIS.html](http://www.hsa.gov.sg/content/hsa/en/Health_Products_Regulation/CRIS.html)

## How can my company apply for a cosmetic product notification?

a) To apply for a cosmetic product notification, please use **Internet Explorer 8.0 and above** and go to the following website:

[http://www.hsa.gov.sg/content/hsa/en/Health\\_Products\\_Regulation/PRISM\\_e-services/Cosmetic\\_Products\\_Oral\\_Dental\\_Gums.html](http://www.hsa.gov.sg/content/hsa/en/Health_Products_Regulation/PRISM_e-services/Cosmetic_Products_Oral_Dental_Gums.html)

b) Click on “**Cosmetic products / Oral dental gums**”

<ul style="list-style-type: none"> <li>&gt; Medical Advertisements &amp; Sales Promotion</li> <li>&gt; Safety Information and Product Recalls</li> <li>&gt; Useful Information for Applicants</li> <li>&gt; Industry Engagement &amp; Development</li> <li>&gt; Consumer Information</li> </ul>	<p><b>PRISM e-Services</b></p> <ul style="list-style-type: none"> <li>&gt; Therapeutic Products (Drugs and Biologics)</li> <li>&gt; Poisons, CD &amp; Psychotropic</li> <li>&gt; Chinese Proprietary Medicines</li> <li>&gt; <b>Cosmetic Products / Oral Dental Gums</b></li> <li>&gt; Clinical Trials</li> <li>&gt; Tobacco Importers / Wholesalers / Retailers</li> <li>&gt; Certification of Dealers &amp; Licensing of Retail Pharmacies</li> <li>&gt; Good Manufacturing Practice Certificate</li> <li>&gt; Good Distribution Practice Certificate</li> <li>&gt; Medical Advertisements &amp; Sales Promotion</li> <li>&gt; AE Online Enquiry</li> <li>&gt; Online Information Search</li> </ul>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

c) Click on “**Apply for cosmetic product notification**”

<ul style="list-style-type: none"> <li>&gt; Cosmetic Products</li> <li>&gt; Clinical Trials</li> <li>&gt; Tobacco Control</li> <li>&gt; Manufacturing, Importation &amp; Distribution</li> <li>&gt; Medical Advertisements &amp; Sales Promotion</li> <li>&gt; Safety Information and</li> </ul>	<p><b>Make an Application - apply@prism</b></p> <p>In general, estimated time to complete the form: 10 – 20 mins          Except for “Apply for Cosmetic Product Notification”: the estimated time to complete this form is 45 mins (Time taken for submission of products with multiple variants may vary depending on the number of products and the file size of the supporting documents)</p> <ul style="list-style-type: none"> <li>&gt; <b>Apply for Cosmetic Product Notification [View guide]</b></li> <li>&gt; Apply for Product Registration for Oral Dental Gum</li> <li>&gt; Apply for Importer’s Licence for Oral Dental Gum</li> <li>&gt; Apply for Wholesaler’s Licence for Oral Dental Gum</li> <li>&gt; Apply for Good Manufacturing Practice Certificate</li> <li>&gt; Apply for Good Distribution Practice Certificate</li> </ul>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

d) Thereafter, you will be directed to the following page:

- Login using CorpPass, SingPass (ends on 31 Dec 2017) or HSA Pin



CR0006 AUTHORIZATION > CHOOSE LOGIN TYPE

The eService selected requires login through CorpPass, SingPass or HSA PIN  
Please select CorpPass Login, SingPass Login or HSA PIN to proceed

- [CorpPass Login](#)
- [SingPass Login](#)  
(Please take note that the grace period for SingPass login will end on 31st Dec 2017.)
- [HSA PIN](#)

e) Upon successful authentication, a welcome page will be shown. Click “**Accept/Continue**” to proceed with the eService. You will be directed to the online application form. The application form consists of **6** sections:

1	Particulars of local company responsible for placing the cosmetic product in the market
2	Particulars of person authorised to represent the local company
3	Particulars of manufacturer(s)
4	Particulars of product
5	Supporting document(s)
6	Declaration, validation, confirmation, & payment

*\* It is recommended for users to fill in the application form details in a systematic manner \* **PLEASE FILL IN ALL SECTIONS IN ENGLISH***

To note:

- A HSA Pin holder or a drafter is able to fill up the form only. He or she is not authorised to submit the notification.
- A submitter can perform both form filling and notification submission
- CRIS Administrator can draft and submit a cosmetic product notification

(1) Section 1: Particulars of local company responsible for placing the cosmetic product in the market

Fill in the application form		Guideline	Help
1. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market	4. Particulars of Product	 Special Symbol	 Attach
2. Particulars of Person authorised to represent the local company	5. Supporting Attachments	 Save	
3. Particulars of Manufacturer	6. Confirmation		

Next

Please note that the billing address entered/amended will be updated to the central client database and will be used as the billing address for any subsequent billing to the company. This will apply to all other licences/applications of the company.

1. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market			
1.1 Name : *	HSA Counter Staff		
1.2 Location Code :	1		
<b>1.3 Company Address</b>			
1.3.1 Address Type : *	Local		
1.3.2 Postal Code : *	520716		
1.3.3 Block / House No :	716	1.3.4 Level - Unit :	# -
1.3.5 Street Name :	TAMPINES STREET 71		
1.3.6 Building Name :			
1.3.7 Country :	SINGAPORE		
1.4 Tel : *	68663497	1.5 Fax : <i>Your Fax No. is necessary for our future correspondence</i>	124567
1.6 Is Billing Address the same as the Company Address ? *	<input checked="" type="radio"/> Yes		<input type="radio"/> No
1.8 Unique Entity No.(UEN) :	1234565		

Next Reset

- Ensure that the details are accurate and corresponds to your company details. Fill in the Billing Address if the answer is "No" to section 1.6
- Click "**Next**" to proceed to the next section

*\* If the populated information of local company has been changed and the UEN number remains the same, please click "Amend Company Information" under the following weblink to change the information after you have submitted the notification \**

[http://www.hsa.gov.sg/content/hsa/en/Health\\_Products\\_Regulation/PRISM\\_e-services/Cosmetic\\_Products\\_Oral\\_Dental\\_Gums.html](http://www.hsa.gov.sg/content/hsa/en/Health_Products_Regulation/PRISM_e-services/Cosmetic_Products_Oral_Dental_Gums.html)

(2) Section 2: Particulars of person authorised to represent the local company**PQ1001 APPLICATION FOR COSMETIC PRODUCT NOTIFICATION**

Fill in the application form		Guideline	Help
1. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market	4. Particulars of Product	 Special Symbol	 Attach
<b>2. Particulars of Person authorised to represent the local company</b>	5. Supporting Attachments		 Save
3. Particulars of Manufacturer	6. Confirmation		

[Previous](#) [Next](#)


Fields marked with an asterisk \* are mandatory.

2. Particulars of Person authorised to represent the local company			
2.1 Name : *	<input type="text"/>	(as in NRIC/FIN)	
2.2 NRIC/FIN : *	<input type="text"/>	(Example: S1234567A, F1234567A)	
2.3 Tel : *	<input type="text"/>	2.4 Fax :	<input type="text"/>
2.5 Email :	<input type="text"/>	2.6 Mobile :	<input type="text"/>
2.7 Preferred Mode of Communication ? *	<input type="radio"/> Email	<input type="radio"/> Fax	<input type="checkbox"/> SMS [optional]
2.8 Designation in Company : *	<input type="text"/>		

[Previous](#) [Next](#) [Reset](#)

- a. Fill in the details for:
  - ✓ Applicant's name
  - ✓ NRIC/FIN
  - ✓ Telephone number
  - ✓ Indicate Preferred Mode of Communication
  - ✓ Designation in Company
  
- b. Click on "**Next**" to proceed to the next section

(3) Section 3: Particulars of manufacturer**PQ1001 APPLICATION FOR COSMETIC PRODUCT NOTIFICATION**

Fill in the application form		Guideline	Help
1. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market	4. Particulars of Product	 Special Symbol  Attach  Save	
2. Particulars of Person authorised to represent the local company	5. Supporting Attachments		
<b>3. Particulars of Manufacturer</b>	6. Confirmation		

Previous Next

Fields marked with an asterisk \* are mandatory.

3. Manufacturer Details	
3.1 Name : *	<input type="text"/>
<b>3.2 Manufacturer Address</b>	
3.2.1 Address Type : *	<input checked="" type="radio"/> Local <input type="radio"/> Overseas
3.2.2 Postal Code : *	<input type="text"/> <b>Retrieve Address</b>
3.2.3 Block / House No :	3.2.4 Level - Unit : # <input type="text"/> - <input type="text"/>
3.2.5 Street Name :	<input type="text"/>
3.2.6 Building Name :	<input type="text"/>
3.2.7 Country :	SINGAPORE
3.3 Tel :	<input type="text"/>
3.4 Fax :	<input type="text"/>

**New** **Save**

A *Manufacturer* is a company which is engaged in any process carried out in the course of making the cosmetic product. The manufacturing process includes all operations of purchase of starting materials, bulk intermediates and products, formulation and production (such as grinding, mixing, encapsulation and/or packaging), quality control, release, storage and distribution of cosmetic products and the related controls.

Previous **Next** Reset

- Provide the name of the Manufacturer
- If it is a local manufacturer, fill in the **Postal Code** and click on **"Retrieve Address"**. The data for Blk/House No, Street Name and Building Name will be automatically populated. Otherwise, please fill in details accordingly
- Click on **"Save"** and **"Next"** to proceed to the next section
- If there is more than one manufacturer, click on **"New"** to add particulars of new manufacturer after filling up and saving the details of the first record, before proceeding to the next section.

(4) Section 4: Particulars of product

**\* PLEASE FILL IN THE PRODUCT DETAILS IN ENGLISH. Notification not submitted in English may be removed from the HSA notification database without notice.**

## PQ1001 APPLICATION FOR COSMETIC PRODUCT NOTIFICATION

Fill in the application form		Guideline	Help
1. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market	4. Particulars of Product	Special Symbol	Attach
2. Particulars of Person authorised to represent the local company	5. Supporting Attachments	Save	
3. Particulars of Manufacturer	6. Confirmation		

Previous Next

Fields marked with an asterisk \* are mandatory.

4. Particulars of Product	
4.1 Brand Name *	<input type="text"/>
4.2 Product Name *	<input type="text"/>
	150 characters left ** Please enter only one product name.
Type of Product : *	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Select Type of Product            Anti-wrinkle excluding eye products            Bases tinted (liquids, pastes, powders)            Bath or shower preparations            Deodorants and anti-perspirants            Depilatories         </div> <div style="width: 35%;">           Selected Type of Product  <input type="text"/> </div> </div>
<input type="radio"/> Single product <input type="radio"/> Palette(s) in a range of one product type	<input type="radio"/> A range of variants similar in composition for the same use but differs in colours, flavours etc. <input type="radio"/> Combination products in a single kit

- a. Key in the “**Brand Name**” and “**Product Name**” of your product according to the names appear on the product packaging.
- b. Select the “**Type of Product**” that reflects your product type. For example, if you are notifying an anti-wrinkle cream, please select “anti-wrinkle”.

**\* Select the presentation type that best represents your product.**

**Product presentation type (Please refer to Annex 1 for more details)**

c. Single product

i) Select Presentation Type

- “**Single Product**”
- The “**Product Name**” under “**Single Product**” will be automatically populated

**Please click on “Next” to proceed to the next section of the product notification after ensuring that the form is filled up properly**



- d. A range of variants<sup>V</sup> similar in composition for the same use but differs in colours, flavours etc.

<sup>V</sup>- “Variant” means a cosmetic product preparation that is largely similar in composition to another cosmetic preparation (usually having a common base formulation) but having a different colour, shade, flavour, fragrance or other inherent characteristic apart from the “base formulation”, which means a partial cosmetic formulation shared by 2 or more cosmetic preparations manufactured by the same manufacturer and intended for the same use.

*Please note that each of the variants should bear the same brand and product name as appear on the product packaging*

- i) Select Presentation Type
- “A range of variants similar in composition for the same use but differs in colours, flavours etc”
- ii) Key in the “**No of variants**” in this range
- iii) You will need to key in the “**Variant Name**”
- To input a new name, click on “**New Variant**”

*Please click on “**Next**” to Proceed to the next section of the product notification after ensuring that the forms is filled up properly*

- e. Palette(s) in a range

*Please note that each of the palettes should bear the same brand and product name as appear on the product packaging*

Example: Eye Shadow

Var 101	Var 202
---------	---------

Palette One

Var 100	Var 200
---------	---------

Palette Two

No. of Palette Group: 2

No of Variant:

- ✓ Palette One – 2 (Var 101 & Var 202)
- ✓ Palette Two – 2 (Var 100 & Var 200)



- i) Select Presentation Type
  - **“Palette(s) in a range of one product type”**
- ii) Key in the **“No of Palette Group”** in this range of palettes
- iii) You will need to key in the **“Palette Name”**, followed by the **“No of Variants/ Component”**
  - To input a new variant name, click on **“New Variant”**
  - To key in the details for the subsequent palettes, click on **“Save Palette”**, followed by **“New Palette”**

*Please click on **“Next”** to Proceed to the next section of the product notification after ensuring that the forms is filled up properly*

f. Combination products in a single kit

Example: Festive X'mas Special set containing:

- ✓ 1 Eye Mask (single product)
- ✓ 1 Face Mask (single product)
- ✓ Lip stick (a range of variants with 4 colours)
- ✓ Blusher (a palette with 4 colours)



- Please key in the **“Brand Name”** and **“Product Name”** as appears on the packaging of the combination kit
- Select Presentation Type as **“Combination products in a single kit”**
- Key in the **“No of Single Products”**, **“No of Range”** and **“No of Palette”** respectively

i) Single product section

- Key in the **“Product Name”** of the **“Single Product”** as appears on the product packaging
- Select the **“Type of Product”**
- To key in the details for the subsequent single product (if any), click on **“Save Product”**, followed by **“New Product”**

ii) Range(s) of variants section

- Key in the **“Range Name”** as appears on the product packaging
- Select the **“Type of Product”**
- Key in the **“No of Variants”**

- To input a new variant name, click on “**New Variant**”
- To key in the details for the subsequent range, click on “**Save Range**”, followed by “**New Range**”




iii) Palette(s) in a range section

- Key in the “**Palette Name**” as appears on the product packaging
- Select the “**Type of Product**”
- Key in the “**No of Variants**”
  - To input a new variant name, click on “**New Variant**”
  - To key in the details for the subsequent range, click on “**Save Palette**”, followed by “**New Palette**”

*Please click on “**Next**” to Proceed to the next section of the product notification after ensuring that the forms is filled up properly.*

(5) Section 5: Supporting document(s)

**PQ1001 APPLICATION FOR COSMETIC PRODUCT NOTIFICATION**

Fill in the application form		<a href="#">Guideline</a>	<a href="#">Help</a>
1. Particulars of Local Company Responsible for Placing the Cosmetic Product in the Market	4. Particulars of Product	 Special Symbol	 Attach
2. Particulars of Person authorised to represent the local company	<b>5. Supporting Attachments</b>		 Save
3. Particulars of Manufacturer	6. Confirmation		

[Previous](#) [Next](#)

Fields marked with an asterisk \* are mandatory.

5. Supporting Attachments
No attachment is required

[Previous](#) [Next](#) [Reset](#)

- a. No supporting attachment is required
- b. Click on “**Next**” to proceed to the next section

(6) Section 6: Declaration, validation, confirmation and payment

Please ensure that data entered are correct as there is **NO** refund once the notification is successfully submitted.

**Declaration**

1. I undertake to abide by the following conditions:

- i. Ensure that the product's technical and safety information is made available to the regulatory authority concerned ("The Authority") and to keep records of the distribution of the products for product recall purposes;
- ii. Notify the Authority of fatal or life threatening serious adverse event\* as soon as possible by telephone, facsimile transmission, email or in writing, and in any case, no later than 7 calendar days after first knowledge;
- iii. Complete the Adverse Cosmetic Event Report Form\*\* within 8 calendar days from the date of my notification to the Authority in para 2ii. above, and to provide any other information as may be requested by the Authority;
- iv. Reports to the Authority of all other serious adverse events that are not fatal or life threatening as soon as possible, and in any case, no later than 15 calendar days after first knowledge, using the Adverse Cosmetic Event Report Form;
- v. Notify the Authority of any change in the product's composition, packaging, labeling, or other information;
- vi. Ensure that if and when direct or indirect sales of the product are made, the product is supplied to the Authority with the original or true copies of the product's technical and safety information of relevance in relation to the product that I have declared to the Authority.

2. I declare that the particulars given in the notification have been supplied.

3. I understand that I shall be responsible for ensuring that the product continues to meet all the legal requirements, and conforms to the applicable standards and specifications.

4. I understand that I cannot place the product on the market or continue to supply it to conform to any of the standards or specifications that I had previously declared to the Authority.

I agree     I disagree

\* As defined in the Guide Manual for the Industry on Adverse Event Reporting of Cosmetics Products

\*\* Set out in Appendix I to the Guide Manual for the Industry on Adverse Event Reporting of Cosmetics Products

Payment Advice		
Sn	Description	Amount (SGD) GST
1	Notification Low Risk Cosmetic Product	10.00 N

The total payment for your notification is SGD **10.00**.

The amount of SGD **10.00** will be deducted from your Giro Account.

Please click the **Show Printer Friendly Version** button to print this page for filing

- a. Read through the "**Declaration**" section and select "**I agree**".
- b. Print a copy of the product notification via "**Show Printer Friendly Version**"
- c. Proceed to "**Validate**" the submission.
- d. The pop up box will indicate that the validation of the product notification is successful.
- e. Proceed to "submit" the notification
- f. You will be prompted for "**ePayment**" if your company is not on GIRO
- g. Select "**Submit**" to make payment via credit card
- h. You will be prompted to select your preferred payment mode

Amount : \$75.00

Notification Number(s)					
SN	Notification Number	Product/Range/Palette	Brand	Effective Date	Expiry Date
1	CCPN			12/11/2007	11/11/2008

[Show Printer Friendly Version](#)

**Acknowledgement of Notification**

**ACKNOWLEDGEMENT OF NOTIFICATION**  
(Combination kit)

12/11/2007  
ST  
CENTRAL 1 #510-515  
SINGAPORE

Dear Mr/Ms

Submission no: 233F  
Brand Name: Testing One  
Product Name: Beauty Set

The following is/are the notified product(s)/palette(s) with the stated shades/flavours:  
1. Single- beauty cream  
2. Range- red orange  
3. Palette palette 1-brown orange

The above Product Notification Application has been successfully submitted.

The product(s) is/are allowed to be sold in the local market subject to the following condition:  
1. Compliance with all the requirements of ASEAN Cosmetic Directive its Annexes and Appendices which have been transposed into the local legislation

This acknowledgement is not to be construed as an approval/endorsement of the quality, safety and efficacy of the product(s). Any changes in the information submitted in this notification will render this notification invalid and a new product notification will have to be submitted.

You are responsible to ensure that each consignment of your product(s) continue/s to meet all the legal requirements, and conform/s to all the standards and specifications of the product(s) that you have declared to the Authority.

To view your product notification status, please visit our website: <http://www.hsa.gov.sg/html/business/ccu.html>

Information on all notified cosmetic products are available on HSA Infosearch  
<http://www.hsa.gov.sg/prism/common/enquirepublic/SearchCCUProduct.do?action=load>

For retention of notification, you will be able to submit online via [renew@prism](mailto:renew@prism) at the following website: <http://www.hsa.gov.sg/html/business/ccu.html>. We will keep you informed via [renew@prism](mailto:renew@prism), email, sms or fax nearer the due date.

COSMETICS CONTROL UNIT  
CENTRE FOR DRUG ADMINISTRATION  
HEALTH PRODUCTS REGULATION GROUP  
HEALTH SCIENCE AUTHORITY

THIS IS A COMPUTER GENERATED LETTER, NO SIGNATURE IS REQUIRED.

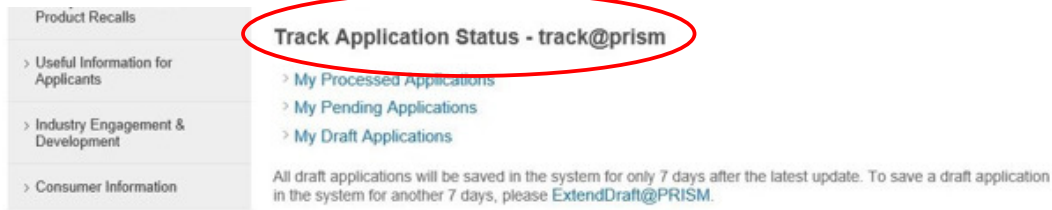
[Show Printer-Friendly Notification](#)

- i. Upon successful submission of the cosmetic product notification, you will receive an **Acknowledgement of Notification**, which will show:
  - Company name & address
  - Brand name & product name
  - Product notification number and validity dates
- j. Print a copy of the Acknowledgement of Notification via “**Show Printer Friendly Version**”

Please note that the product notification is valid for ONE year. Subsequent retention of notification (renewal) is required every year if your company intends to continue marketing the product in the local market.

## Other Functions in PRISM

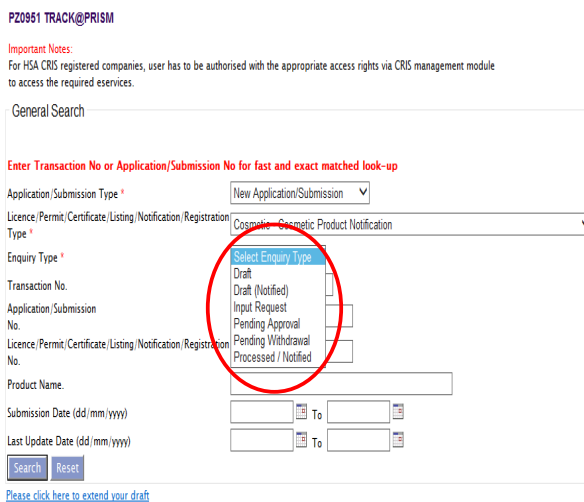
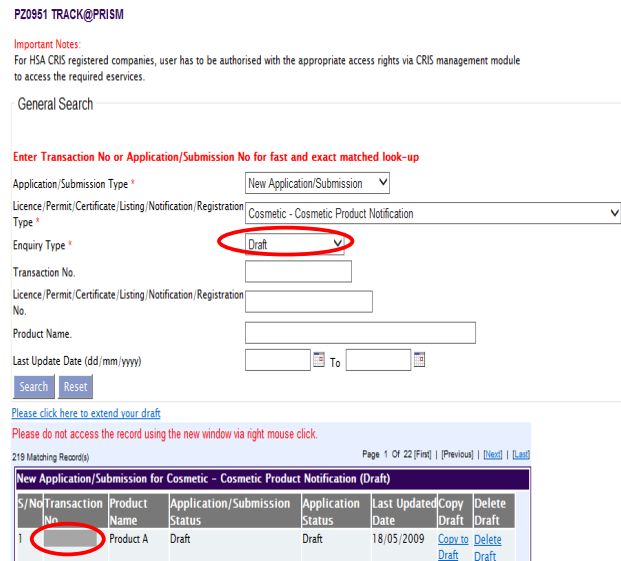
### (i) Track Application status - Track@PRISM



#### a. Functions of “Track@PRISM”

- To retrieve a draft application
- To enquire on a successfully submitted cosmetic product notification

### Retrieving Draft Application

S/No	Transaction No.	Product Name	Application/Submission Status	Application Status	Last Updated Date	Copy Draft	Delete Draft
1	T	Product A	Draft	Draft	18/05/2009	<a href="#">Copy to Draft</a>	<a href="#">Delete Draft</a>

#### c. To retrieve a draft application

- Click on “My Draft Applications”. You will be prompted to log in via CorpPass, SingPass (ends on 31 Dec 2017) or HSA Pin
- Select “Enquiry Type” as “Draft”
- Click on “Search” to view all drafts
- For a draft application which has not yet been submitted, a “Transaction Number” starting with “T” is as shown

## Copy to Draft

The “**Copy to Draft**” function allows companies to retrieve a draft copy of a successfully submitted cosmetic product notification. Companies may amend relevant sections of the form before submitting a subsequent cosmetic product notification of another cosmetic product. This speeds up the submission process.

PZ0951 TRACK@PRISM

**Important Notes:**

For HSA CRIS registered companies, user has to be authorised with the appropriate access rights via CRIS management module to access the required eservices.

General Search

**Enter Transaction No or Application/Submission No for fast and exact matched look-up**

Application/Submission Type \*

Licence/Permit/Certificate/Listing/Notification/Registration Type \*

**Enquiry Type \***

Transaction No.

Application/Submission No.

Licence/Permit/Certificate/Listing/Notification/Registration No.

Product Name.

Submission Date (dd/mm/yyyy)  To

Last Update Date (dd/mm/yyyy)  To

[Please click here to extend your draft](#)

Please do not access the record using the new window via right mouse click.

Page 1 Of 1 [First] | [Previous] | [Next] | [Last]

1 Matching Record(s)

S/No	Application/ Submission No	Transaction No	Notification No	Product Name	Application/ Submission Status	Submission Date	Last Updated Date	Ingredient Details	Copy Draft
1		T	CCPN		Notified	04/01/2008	04/01/2008	-	<a href="#">Copy to Draft</a>

### d. Copy to Draft

- Click on “My Processed Applications”. You will be prompted to log in via CorpPass, SingPass (ends on 31 Dec 2017) or HSA Pin
- Select **Application/Submission Type** as “**New Application/ Submission**” and “**Enquiry Type**” as “**Processed/Notified**” and the key in the application number. Click on “Search”
- Click on “Copy to Draft”. Edit/amend accordingly the details of the second product at the relevant sections before the final submission

(ii) Cancel Notification - Cancel@PRISM

**Cancel Notification / Licence / Registration - cancel@prism**

In general, estimated time to complete the form: 5-10 mins

- **Cancel Cosmetic Product Notification** [View guide]
- Cancel Product Registration for Oral Dental Gum
- Cancel Importer's Licence for Oral Dental Gum
- Cancel Wholesaler's Licence for Oral Dental Gum

a. **Functions of "Cancel@PRISM"**

- To retrieve and cancel cosmetic product notification that was successfully submitted

**PZ3001 CANCEL@PRISM**

**Important Notes:**

For HSA CRIS registered companies, user has to be authorised with the appropriate access rights via CRIS management module to access the required eservices.

Search Criteria

Licence/Permit/Certificate/Notification/Listing/Registration Type \*

Licence/Permit/Certificate/Notification/Listing/Registration No

Product Name

Brand Name

Please do not create cancellation application using the new window via right mouse click.

184 Matching Record(s)

Page 1 Of 19 [First] | [Previous] | [Next] | [Last]

Active Cosmetic - Cosmetic Product Notification							
S/No	Notification No	Brand Name	Product Name	Shade/Palette Name	Start Date	Expiry Date	Action
1	CCPN				26/04/2004	10/09/2013	<a href="#">Cancel</a>
2	CCPN				26/04/2004	10/09/2013	<a href="#">Cancel</a>

If your company is no longer marketing a particular cosmetic product, you may cancel the cosmetic product notification via "Cancel@PRISM" before the expiry date of the notification.

Please select the notification(s) you wish to cancel and click on "Cancel" after logging into Cancel Cosmetic Product Notification.



(iii) Re-notification - Renew@PRISM

a. **Auto Renewal Preference for payment via GIRO**

**PZ2501 RENEW@PRISM**

**Important Notes:**

For HSA CRIS registered companies, user has to be authorised with the appropriate access rights via CRIS management module to access the required eservices.

Search Criteria

Licence/Permit/Certificate/Listing/Notification/Registration Type \*

Licence/Permit/Certificate/Listing/Notification/Registration No

Product Name

Brand Name

Expiry/Retention Date (dd/mm/yyyy)  to

14 Matching Record(s) Page 1 Of 1 [First] | [Previous] | [Next] | [Last]

S/No	Expiry Date	Notification No.	Brand Name	Product Name	Shade/Palette Name	To Renew
1	26/09/2009	CCPN				<input checked="" type="radio"/> Yes <input type="radio"/> No
2	26/09/2009	CCPN				<input checked="" type="radio"/> Yes <input type="radio"/> No
3	26/09/2009	CCPN				<input checked="" type="radio"/> Yes <input type="radio"/> No
4	26/09/2009	CCPN				<input checked="" type="radio"/> Yes <input type="radio"/> No
5	26/09/2009	CCPN				<input checked="" type="radio"/> Yes <input type="radio"/> No
6	26/09/2009	CCPN				<input checked="" type="radio"/> Yes <input type="radio"/> No
7	26/09/2009	CCPN				<input checked="" type="radio"/> Yes <input type="radio"/> No
8	26/09/2009	CCPN				<input checked="" type="radio"/> Yes <input type="radio"/> No
9	26/09/2009	CCPN				<input checked="" type="radio"/> Yes <input type="radio"/> No
10	26/09/2009	CCPN				<input checked="" type="radio"/> Yes <input type="radio"/> No
11	26/09/2009	CCPN				<input checked="" type="radio"/> Yes <input type="radio"/> No
12	26/09/2009	CCPN				<input checked="" type="radio"/> Yes <input type="radio"/> No
13	26/09/2009	CCPN				<input checked="" type="radio"/> Yes <input type="radio"/> No

- Please log into “**Auto Renewal Preference**” to select “**NO**” to renew 30 days before date of expiry of notification. There will be no refund once the deadline is passed.
- For companies which wish to retain the notifications (renew), the notifications will be automatically retained/renewed if companies do not log into the system to select “No” to renew.

## b. For companies which are not paying via GIRO

PZ2501 RENEW@PRISM

**Important Notes:**

For HSA CRIS registered companies, user has to be authorised with the appropriate access rights via CRIS management module to access the required eservices.

Search Criteria

Licence/Permit/Certificate/Listing/Notification/Registration Type \*

Licence/Permit/Certificate/Listing/Notification/Registration No

Product Name

Brand Name

Expiry/Retention Date (dd/mm/yyyy)  to

Please do not create renewal application using the new window via right mouse click.

13 Matching Record(s) Page 1 Of 1 [First] | [Previous] | [Next] | [Last]

Renewable Cosmetic - Cosmetic Product Notification					
<input type="checkbox"/> Select All	Expiry Date	Notification No.	Brand Name	Product Name	Shade/Palette Name
<input type="checkbox"/> 1	19/01/2008	CCPN			
<input type="checkbox"/> 2	19/01/2008	CCPN			
<input type="checkbox"/>	19/01/2008	CCPN			

- Please log into “Cosmetic Product Re-notification” and select product notifications that your company intends to renew
- You will be prompted for “**ePayment**”
- Select “**Submit**” to make payment via credit card
- You will be prompted to select your preferred choice of epayment

For companies which wish to apply for a GIRO Account with HSA to facilitate the payment process, the application form for Interbank GIRO can be downloaded via the following website:

<http://www.hsa.gov.sg/content/hsa/en/e-Services.html>

- (iv) Update of Manufacturer's Details (refer to step-by-step guide on update of manufacturer's details for more information)
- a. Companies can update the changes of the manufacturer's details using the "Update of Manufacturer's Details"
  - b. Companies may select up to 20 affected notifications for any amendment submitted.

A **NEW** product notification is required if there is a change made to any of the following:

- 1) Brand Name
- 2) Product Name
- 3) Product Type
- 4) Formulation
- 5) Company change due to change of distribution rights
- 6) Company name change with a new UEN number given by ACRA

### **Helpdesk Contact**

If you require any technical assistance regarding PRISM and cosmetic product notification, please contact the Helpdesk at:

Tel: 67760168

Email: [helpdesk@hsahelp.gov.sg](mailto:helpdesk@hsahelp.gov.sg)

Please indicate the problem areas according to

- a) Client Registration & Identification Service (CRIS)
- b) Pharmaceutical Regulatory Information System (PRISM)

The information in this Guideline shall be updated or revised from time-to-time. For any new, addition, amendments or deletion made to this Guideline, please refer to the latest version in our website [www.hsa.gov.sg](http://www.hsa.gov.sg).

**Annex 1****Product Presentation Types**

- **Single product** exists in a single presentation form.



- **A range of variants similar in composition for the same use but differs in colours, flavours etc**

Refers to a range of cosmetic products which are similar in composition and produced by the same manufacturer, and are intended for the same use but are available in different shades or flavours.

Examples: lipsticks, eye shadows or nail polish but not composite packs of different types



- **Palette(s) in a range of one product type**

Refers to a range of colours as defined above, which may be presented in a series of palettes.

*A single palette*



*Range of palettes*



- **Combination products in a single kit**

Refers to similar and/or different product types packed and sold in a single kit. They cannot be sold separately (e.g. a make-up kit of eye and lip colours; a set of skin-care products sold in a single kit).

